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NO. 7534 P. 1/3

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73119 7590 09/25/2008
 Doherty IP Law Group LLC
 37 Belvidere Ave
 Washington, NJ 07882
 12/09/2008 CCHAU2 00000158 100750 10716329

01 FC:1504 300.00 DA
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Evelina P. Smith	(Depositor's name)
<i>[Signature]</i>	(Signature)
December 9, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10716329	11/18/2008	Fred H. Burbank	ETRIS286USCIP1	5236

TITLE OF INVENTION: TENACULUM-LIKE DEVICE FOR INTRAVAGINAL INSTRUMENT DELIVERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
TYSON, MELANIE RUANO	3773	606-119000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 _____ 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Vascular Control Systems, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

San Juan Capistrano, CA

Recorded: 04/27/2004

Reel/Frame: 015266/071

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature

Typed or printed name

Melissa J. Szanto

Date

12/19/08

Registration No.

40,834

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